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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/001,260
	Filing Date	November 1, 2001
	First Named Inventor	Charles G. Williamson
	Group Art Unit	2686
	Examiner Name	James K. Moore
Total Number of Pages in This Submission		Attorney Docket Number 09741620-0203

ENCLOSURES (check all that apply)						
<input checked="" type="checkbox"/> Transmitted herewith is Response to April 23, 2004 Office Action.						
<input checked="" type="checkbox"/> The fee has been calculated as shown below:						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	ADDITIONAL FEE
TOTAL CLAIMS	24	-	26	0	<input type="checkbox"/> x \$9.00 <input checked="" type="checkbox"/> x \$18.00	\$0
INDEPENDENT CLAIMS	4	-	4	0	<input type="checkbox"/> x \$42.00 <input type="checkbox"/> x \$86.00	\$0
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> x \$140.00 <input type="checkbox"/> x \$280.00 ONE TIME	\$0
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0
<input checked="" type="checkbox"/> Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated <u>April 23, 2004</u> by <u>3</u> month(s) for a fee of <u>\$980.00</u> so that the period for response is extended to <u>October 23, 2004</u> under 37 C.F.R. § 1.321.						
<input type="checkbox"/> The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check.						
<input type="checkbox"/> The amount of \$_____ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check.						
<input checked="" type="checkbox"/> The enclosed credit card payment form to charge the amount of <u>\$980.00</u> covers the extension fee.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
14. <input checked="" type="checkbox"/> Customer No. 26263						
Dated: <u>October 25, 2004</u> <u>Jordan A. Sigale</u> Jordan A. Sigale, (Registration No. 39,028)						

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.	
Dated: <u>October 25, 2004</u>	<u>Steven M. Lubezny</u> Steven M. Lubezny